

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>011076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>STERLING HOUSE OF BLOOMINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3802 SARE RD</b> <b>BLOOMINGTON, IN 47401</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00101770.</p> <p>Complaint IN00101770-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: 01/05/12</p> <p>Facility number: 011076 Provider number: 011076 AIM number: N/A</p> <p>Survey team: Sharon Whiteman, RN</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Census payor type: Other: 41 Total: 41</p> <p>Sample: 03</p> <p>Sterling House of Bloomington was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00101770.</p> <p>Quality review completed on January 6, 2012 by Bev Faulkner, RN</p>	R 000			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

LC2G11

If continuation sheet 1 of 1